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APPLICANTS

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**** CONTINUING DATA *******

None *PL*

**** FOREIGN APPLICATIONS *******

JAPAN JP2003-95822 03/31/2003
 JAPAN JP2004-55424 02/27/2004

Verified *PL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/07/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>D. Mangle</i> <i>PL</i> Examiner's Signature <i>PL</i> Initials
STATE OR COUNTRY	STATE OR COUNTRY JAPAN
SHEETS DRAWING	SHEETS DRAWING 6
TOTAL CLAIMS	TOTAL CLAIMS 16
INDEPENDENT CLAIMS	INDEPENDENT CLAIMS 3

ADDRESS

23353

TITLE

Ophthalmic apparatus

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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